



TOWN OF MANSFIELD

BOARD OF ASSESSMENT APPEALS

APPLICATION FOR ASSESSMENT APPEAL

(must be postmarked no later than *March 19, 2010*)

OCTOBER 1, 2009 GRAND LIST

NAME: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

REAL ESTATE ____ **MOTOR VEHICLE** ____ **PERSONAL PROP** ____

REAL ESTATE ADDRESS UNDER APPEAL: _____

OR

MOTOR VEHICLE DESC.: (YR/MK/MDL) _____

OWNER'S APPEAL: _____

OWNER'S ESTIMATE OF VALUE: _____

TOWN'S (100%) VALUE ESTIMATE: _____

SIGNATURE OF OWNER

DATE

Fax 860-429-7785

Email: Assessor@mansfieldct.org

DATE OF HEARING: _____

REMARKS BY THE BOARD: _____

I ATTEST THAT _____ PERSONALLY APPEARED
AND SWORE THAT HE/SHE IS THE OWNER OR AGENT OF THE
PROPERTY DESCRIBED IN THIS APPEAL.

BOARD MEMBER

* * * * *

AT A MEETING OF THE BOARD OF ASSESSMENT APPEALS HELD ON
THE DATE ABOVE, THE FOLLOWING ACTION WAS TAKEN ON THIS
PETITION:

PETITION DISMISSED _____

PETITION GRANTED WITH THE FOLLOWING ASSESSMENT
REDUCTION AUTHORIZED: _____

CHAIRMAN,
BOARD OF ASSESSMENT APPEALS

(Rev 12/04)